U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1816Q .	2. Fiscal Year Covered From:		
	1 / 1 / 04 Through: 12 / 31 / 04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Anthony R Orange	Name IBEW Local Union 666		
	Labor Organization File Number 038-064		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3107 Brookforest Rd.	Street 1400 E. Nine Mile Rd.		
City Midlothian	City Highland Springs		
State Virginia ZIP Code + 4 23112	State Virginia ZIP Code + 4 23075		
5. Position in labor organization. Treasurer			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Ctront		7.b. Amount.		
Street				
City				
State	ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	n
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	f the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

On 8-10-05

Form LM-30 (2003)

Name of Person Filing Anthony R. Orange	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization X b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Richmond Electrician JATC Trade Name, if any:	Attending NJATC conference for training and continuing education on 4/15/2004.			
P.O. Box, Bldg., Room No., if any				
Street 1400 E. Nine Mile Rd.	11.b. Approximate dollar value of such dealing. \$ 1778.49			
City Highland Springs	12.a. Nature of interest held or income received.			
State Virginia ZIP Code + 4 23075	Airfare, lodging and meals.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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